SIGNIFICANT INCIDENT FORM

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child. The form must be passed to the SAA Child Protection Officer soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

Complete Part A of this form if the concerns relate to the general welfare of a child.

Complete Parts A and B if the concerns relate to possible child abuse.

Once completed the form must be posted to the SAA Child Protection Officer.

Under No circumstances must the completed form be sent by email

PART A

WHERE THERE ARE CONCERNS ABOUT GENERAL WELFARE OF A CHILD

1. **Child's Details**

Name:	**Date of Birth:**
Address: **Postcode:**	**Tel No:** **Club:** **Membership no:**
Preferred Language:	**Is an interpreter required? YES / NO**
Any Additional Needs?	

2. **Details of Person Recording Concerns**

Name:	**Position/Role:**
Address: **Postcode:**	**Tel No:** **Club:** **Position:**

3. Details of Incident giving rise to Concerns

(including date, time, location, nature of concern, who, what, where, when, why)

4. Details of any witnesses

(including names, addresses and telephone contacts)

5. Details of injuries

(including all injuries sustained, location of injury and action taken)

PART B

WHERE THERE ARE CONCERNS ABOUT POSSIBLE CHILD ABUSE

6. Details of person about whom there is a concern

Name:	**Relationship to Child:**
Address: **Postcode:**	**Tel No:** **Club:** **Membership no:**

7. Details of concerns

(including date, time, location, nature of concern, who, what, where, when, why
Continue on a separate sheet if necessary)

8. Details of any action taken

9. Details of agencies contacted

(including date, time, name of person contacted and advice received)

10. Have the child's parents/carers been informed? YES/NO (delete as appropriate)

If yes, record details / If no please state why not:

10. Child's views on situation (if expressed). Where possible, please use the child's own words.

Signed: _____   **Date:** _____

Print Name: _____   **Position:** _____